

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF DISTRICT COURT  
DIVISION OF CORPORATIONS  
03 JUL 23 AM 9:55

DOCUMENT #

1. Corporation Name

999 000023244

J.A.C. Construction Services Inc

2. Principal Office Address

9950 SW 12th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENBROKE PINES FL

City & State

Zip

33025

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/12/99

5. FEI Number

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JUNIA CHARLTON

Street Address (P.O. Box Number is Not Acceptable)

9950 SW 12th Street

Suite, Apt. #, Etc.

City

PENBROKE PINES

State  
FL

Zip Code

33025

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

J Charlton

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/M	JUNIA CHARLTON	9950 SW 12th Street	PENBROKE PINES FL 33025
D/S	HARRIS RATTAY	12399-2 PENBROKE ROAD	PENBROKE PINES FL 33025
(J. CHARLTON H. RATTAY		OPERATIONS MANAGER / DIRECTOR FINANCIAL DIRECTOR / SECRETARY	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

30/6/03

Daytime Phone #

954 432 2159

CP2E081 (10/02)